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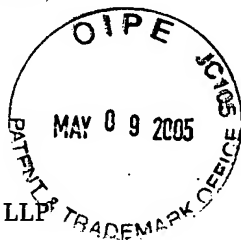
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HONIGMAN MILLER SCHWARTZ AND COHN LLP

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Julie A. Barber

(Depositor's name)

Julie A. Barber

(Signature)

May 4, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/689,441	10/20/2003	Jose Represas de Almeida	65072-0149	3382

TITLE OF INVENTION: ABSORBENT COMPOSITION OF MATTER FOR ODORIFEROUS SUBSTANCES AND RELEASER OF DIVERSE ACTIVE INGREDIENTS

209406-96928

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/21/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS	BABRAHA2 00000011 503145 10689441		
LE, HOA T	1773	428-326000	01 FC:2501 02 FC:1504 03 FC:8001	700.00 DA 300.00 DA 3.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. Honigman Miller Schwartz and Cohn LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Aproa Asesores S.C.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Mexico City, Mexico

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies One (1)

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 50-3145 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Peter J. Rashid

Date

5/3/05

Typed or printed name

Registration No.

39,464

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